

GLOBAL DRUG SURVEY

IS AN INDEPENDENT RESEARCH ORGANISATION BASED IN LONDON, UK
WE RUN THE LARGEST DRUG SURVEY IN THE WORLD
THIS IS OUR 9TH ANNUAL REPORT



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GDS2020 KEY FINDINGS REPORT | EXECUTIVE SUMMARY

EMBARGOED UNTIL: JAN 25 2021 | 09:00 GMT

*Professor Adam R Winstock
on behalf of the GDS Core Research Team*

DATA COLLECTION PERIOD

GDS2020 ran between Nov 7th– Dec 30th 2019 (before the COVID pandemic)

SAMPLE CHARACTERISTICS GLOBAL DRUG SURVEY 2020 (GDS2020)

Data from over 110,000 people from > 25 countries were used in the preparation of this report.

66% were male, 52% were aged under 25 years with 22% of the sample aged 35 years or older. 87% of the sample was white. 38% had at least an undergraduate degree as their highest level of educational attainment. 54% reported going clubbing 4 or more times per year.

DRUG USE: GLOBAL SAMPLE

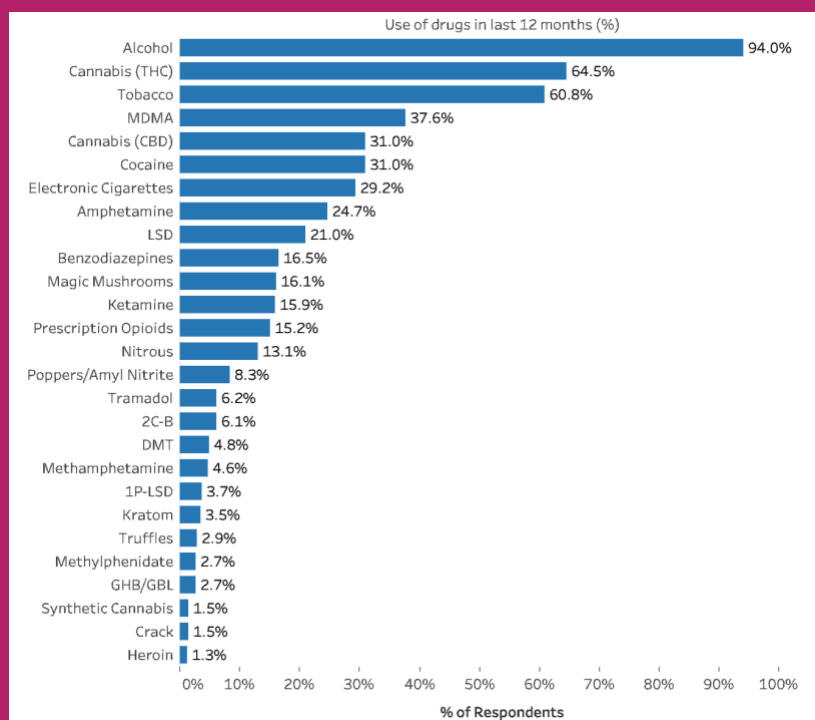
Of the 20 drugs used most commonly in the last 12 months:

- 8 were psychedelic/dissociative drugs
- 6 were stimulant drugs
- 3 were prescription CNS depressants (opioids / benzodiazepines)
- 2 were tobacco/nicotine-based products
- 1 was alcohol

Excluding alcohol & tobacco/nicotine products, the top 10 drugs used in the last 12 months were:

- THC-containing cannabis
- MDMA,
- CBD-only cannabis products (non-psychoactive)
- Cocaine
- Amphetamine
- LSD
- Benzodiazepines
- Magic mushrooms
- Ketamine
- Prescription opioids

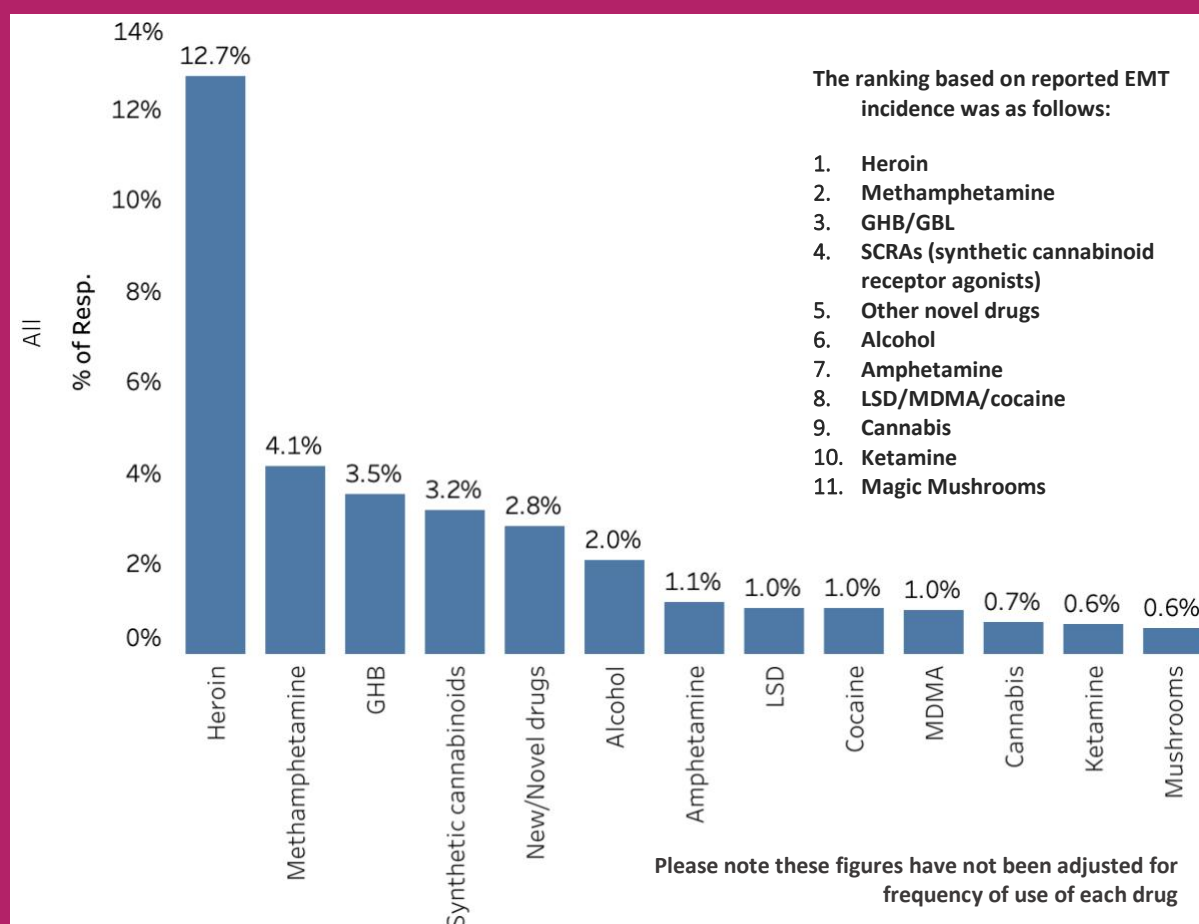
USE OF DRUGS IN LAST 12 MONTHS (%)



SEEKING EMERGENCY MEDICAL TREATMENT

Using data from the GDS2020 sample we ranked 13 drugs in terms of what percentage of people who recently used the drug reported seeking emergency medical treatment (EMT) in the last 12 months.

% OF PEOPLE REPORTING HAVING SOUGHT EMT FOLLOWING THE USE OF DIFFERENT DRUGS IN THE LAST 12 MONTHS



While the press often highlights attendance at Accident and Emergency (A&E) departments as a frequent occurrence among those who drink and take other drugs, there is little data on the actual incidence of such Emergency Medical Treatment (EMT) seeking among people who use these drugs in a non-dependent manner. The data here can be used to explore the risk of acute harms following the use of different substances and help identify targets for harm reduction. There are two consistent findings:

1. Generally, the more potent the drug the greater the risk of acute harm (see heroin, methamphetamine and the synthetic cannabinoid receptor agonist drugs). A regulated market could look to produce and market less potent safer alternatives to reduce this risk and inform consumers of potency.
2. Across many drug classes, younger women (under 25 years old) report higher rates of seeking EMT than any other group. This is most evident for GHB, alcohol, MDMA and ketamine. It is uncertain whether it is due to this population adopting riskier patterns of use or due to physiological differences, but the findings suggest the need for specific harm reduction messages for young women, to mitigate this elevated risk.

Overall, acute risks for most drugs are low (comparable with alcohol which is used more often by most people).

We suggest that most cases of seeking EMT are avoidable by the adoption of safer use strategies. Zero tolerance drug policies limit the ability of government to engage in honest conversations with people who use drugs. Changing drug policy can take years. For now, we should focus on changing the conversation and the nudging the culture of drug use to embracing moderation, which for most people is both acceptable and attainable. Less is more! Better funding for services reaching people before the point of developing dependence should be provided, with the recognition that harsher drug penalties drive people away from seeking help.

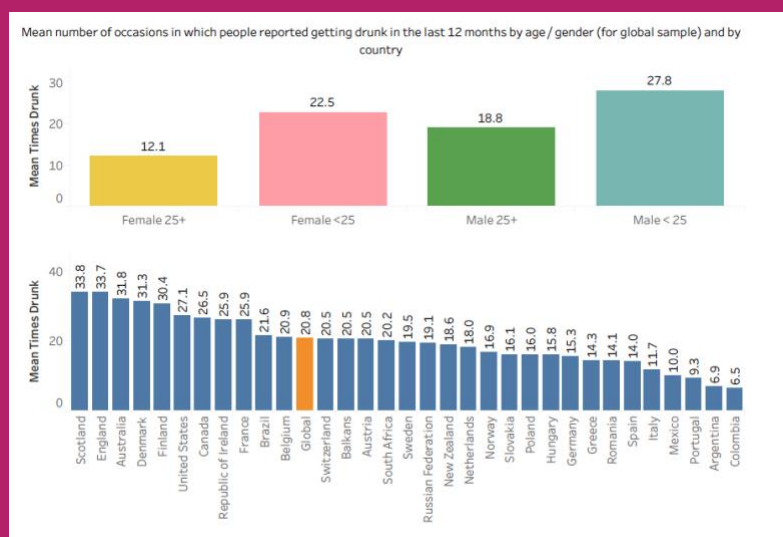
ALCOHOL: GETTING DRUNK

Based on data from > 90,000 people who drink, respondents to GDS from predominately English-speaking countries and Scandinavia get drunk more times per year than in any other country. Women under 25 years old were most likely to seek emergency medical treatment following drinking (one in 30).

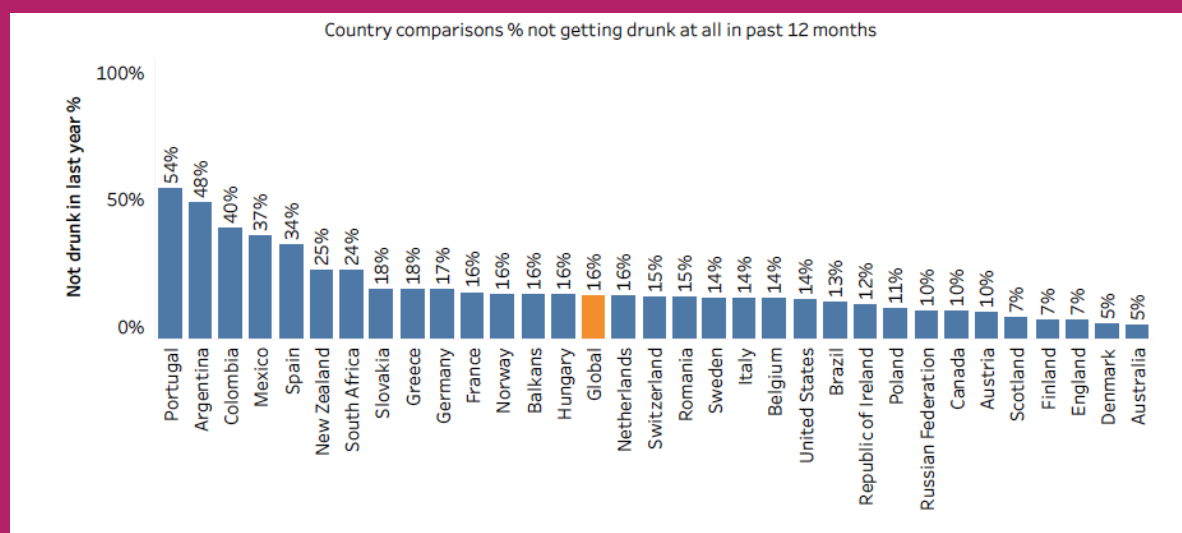
GDS2020 defined being drunk as “having drunk so much that your physical and mental faculties are impaired to the point where your balance / speech was affected, you were unable to focus clearly on things and that your conversation and behaviours were very obviously different to people who know you”. Using this definition:

- Only 16% of respondents reported NEVER having got drunk in the last year.
- On average respondents reported getting drunk 21 times in the last 12 months (highest among men under 25 years (28 times), lowest among women 25+years (12 times)).
- Participants from English-speaking countries and Scandinavia reported getting drunk most often (UK 34 times in last year, Australia/Denmark 32, Finland 28), while participants from South American countries reported the lowest number of occasions (Argentina and Colombia less than 7 times).
- Young women were most likely to seek EMT at a rate of 3.4% - almost 3 times that of women (1.2%) and men (1.3%) over 25 years.
- While the rankings are broadly the same as GDS2019, when we did not define what we meant by ‘drunk’ the rates are about 30% lower (mean in GDS2019 globally was 33 times and the UK was top with 51 times).

MEAN NUMBER OF OCCASIONS IN WHICH PEOPLE REPORTED GETTING DRUNK IN THE LAST 12 MONTHS BY AGE, GENDER & COUNTRY



COUNTRY COMPARISONS : % NOT GETTING DRUNK AT ALL IN LAST 12 MONTHS



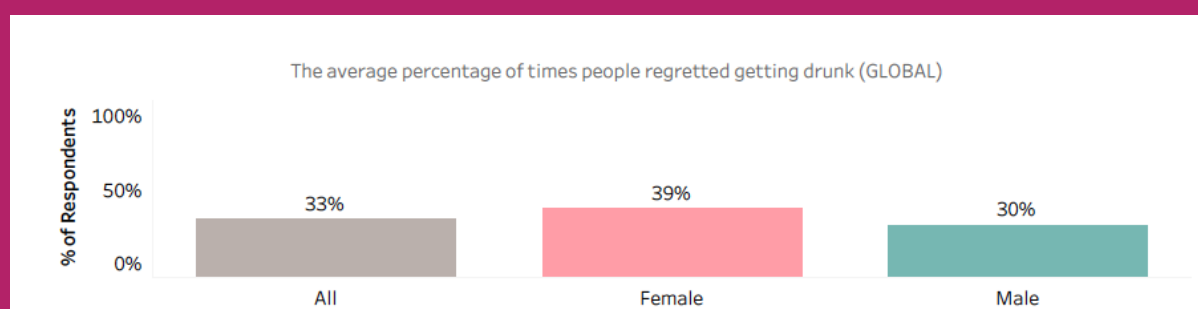
ALCOHOL: GETTING DRUNK AND REGRETTING IT

On average respondents to GDS2020 reported regretting getting drunk on 30% of occasions. The top drinking behaviours associated with getting drunk and regretting it were:

- Drinking too much too quickly
- Mixing drinks
- Being with people who engage in heavy drinking.

Regret was highest among respondents from countries reporting getting drunk least often. Globally, GDS participants who drank alcohol in the last 12 months reported regretting getting drunk on 33% of occasions, with women (39%) regretting getting drunk more often than men (30%).

AVERAGE % OF TIMES PEOPLE REGRETTED GETTING DRUNK (GLOBAL DATA)

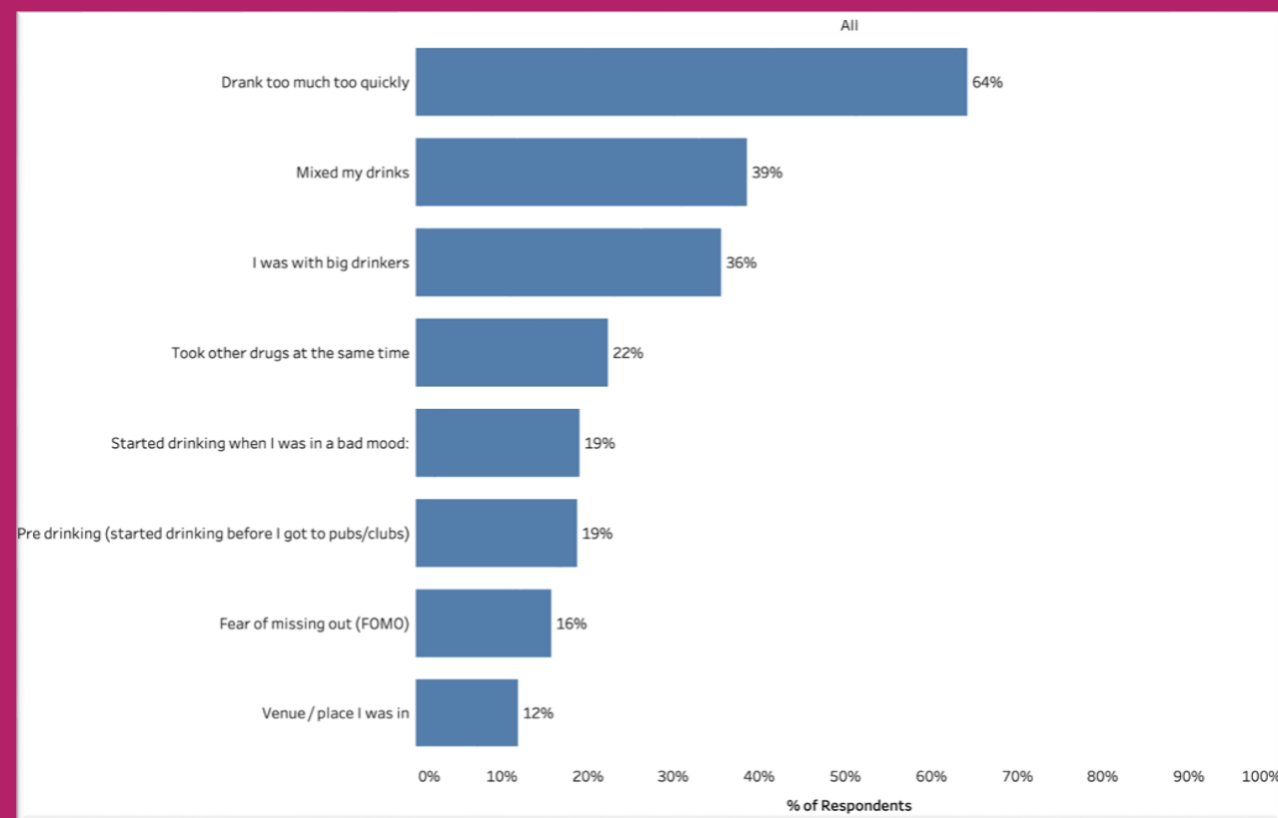


Many people will be having a break from drinking in January. It's good to have breaks. But our data shows that people need to look at changing their longer-term drinking behaviours. There are simple things everyone can do - even if they drink above lower risk guidelines - to minimise the risk of harm and increase the pleasure they get when drinking:

- Drink less, drinking more slowly,
- Avoid hanging out with big drinkers and mixing drinks (and not mixing with drugs).

These are pretty easy things to do and alone, would make a huge difference to people's health. Check out the free anonymous Drinks Meter app (also at www.drinksmeter.com) or www.onetoomany.co for more advice and personalised feedback.

TOP BEHAVIOURS AND ENVIRONMENTS ASSOCIATED WITH REGRET WHEN GETTING DRUNK (GLOBAL DATA)

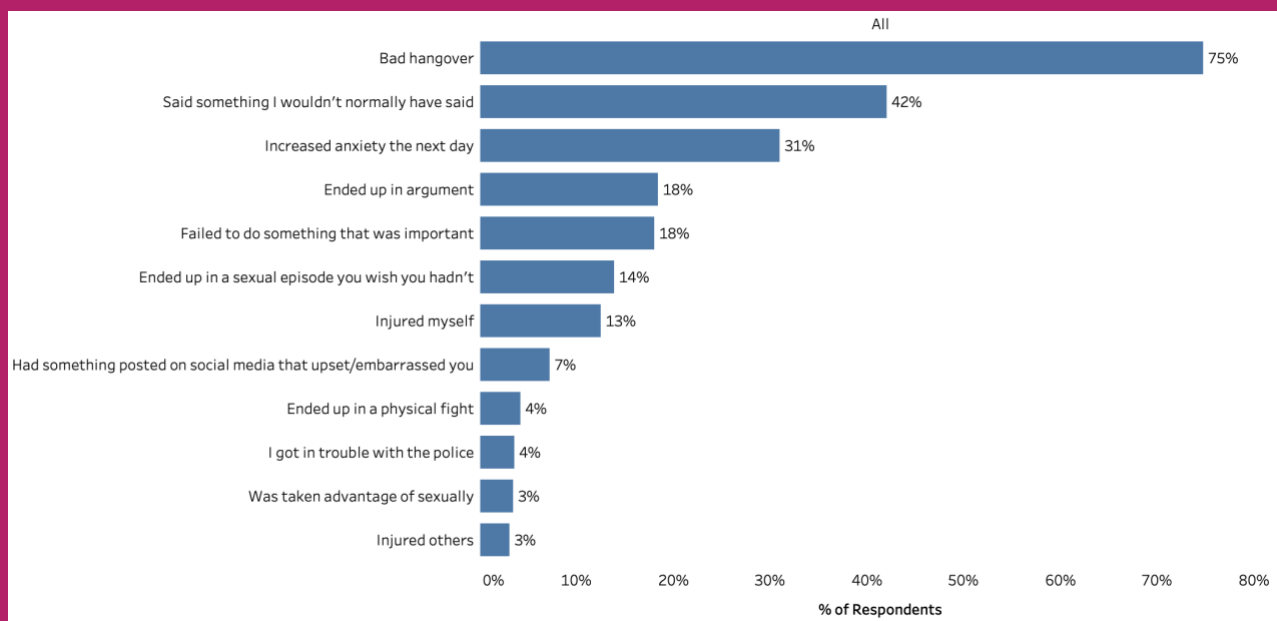


ALCOHOL: GETTING DRUNK WHY PEOPLE REGRETTED IT

Not surprisingly, a bad hangover was the top consequence of drinking that led people to say they regretted getting drunk, closely followed by 'saying something you normally would not have said'. Social disinhibition with alcohol is a double-edged sword. With relaxation and less self-monitoring, too much social lubrication can lead people to become more honest, offensive or cruel.

Problems are worse when people have no recollection of what was said. What we thought was most the very high rates of people reporting increased anxiety the day after drinking (sometimes known as 'hangxiety'). Showing marked variations between countries (highest in the UK, Ireland and Scandinavia, lowest in German-speaking countries), the explanation for increased anxiety is embedded in the effects of alcohol on the brain.

THINGS PEOPLE REGRET WHEN GETTING DRUNK



Most people will be familiar with the idea of alcohol calming your nerves). Alcohol reduces anxiety (and makes some people feel more relaxed) because it turns up the activity of your brain's dominant inhibitory neurotransmitter, GABA, while turning down the brain's main excitatory one, glutamate. It's like putting on headphones (increasing GABA) and turning the volume down (decreasing glutamate).

Your brain does not like to be knocked off balance so in the hours following drinking it tries to turn up the volume (increasing the activity of glutamate). As alcohol wears off and the muffling of GABA on your brain's activity diminishes, the excitatory effects kick in and this can make you feel anxious. For some people this leads to further drinking and an increased risk of dependence and whilst alcohol dependence is very common among people with anxiety / social anxiety, as a treatment for anxiety, alcohol is paradoxically ineffective.

Overall alcohol makes anxiety worse and can also stop you benefitting from some types of treatments including antidepressants like SSRIs. Overall alcohol makes anxiety worse and can also stop some types of treatments including antidepressants like SSRIs from working and is an inefficient way of dealing with anxiety both in the short and longer term, especially if you have an underlying anxiety disorder.

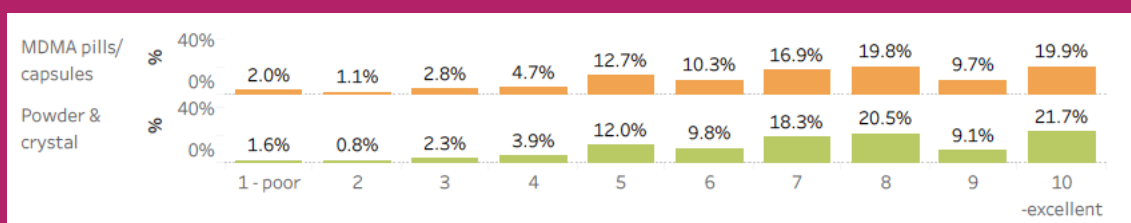
Gender differences were also evident, with women more likely than men to report increased anxiety the next day, unwanted sexual episodes and being taken advantage of sexually when drunk.

Given for most people, the way to avoid getting drunk and regretting it involves saving money, hanging out with people who aren't always out on the piss and not drinking when you're in a bad mood – we hope people can reduce the 1-in-3 figure to 1-in-10.

MDMA: HOW YOU DOSE MAY BE AS IMPORTANT AS HOW MUCH YOU TAKE

- GDS2020 respondents used MDMA on an average of 10.5 days in the last year (median of 5)
- Over 23,000 people who used MDMA in the last 12 months completed our specialist section on patterns of use, harms and redosing
- Most participants who used MDMA used it infrequently
- The use of MDMA powder is now as common as MDMA tablets (ecstasy)
- Despite advice to “start low, go slow” and to test dose MDMA from a new batch, almost half reported never doing this.
- The median number of pills consumed was one, with the median amount of MDMA powder consumed being 200 mg (down from 300 mg last year).
- 20% reported taking 500mg (0.5 gm) or more in a session with a similar proportion taking 2 or pills.
- MDMA continues to be perceived as good value for money (scale 1-10, with a mean of 7.2)

MDMA VALUE FOR MONEY (1=POOR, 10 = EXCELLENT)



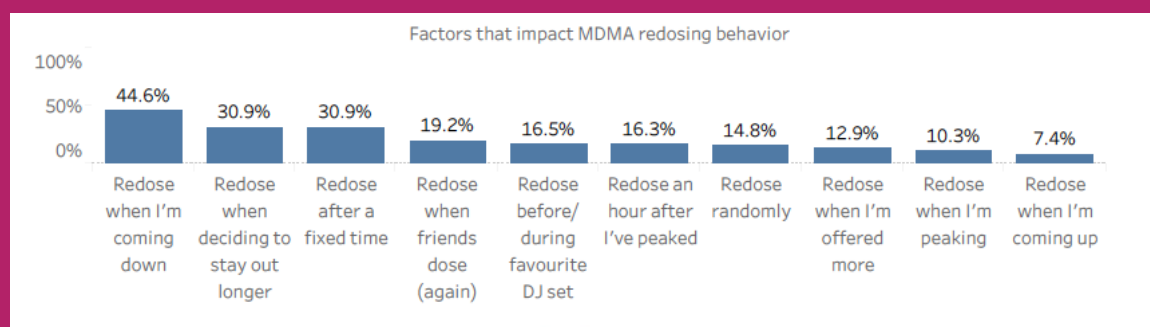
Seeking emergency medical treatment with MDMA. 1 in 100 respondents did so in last year.

Those seeking EMT after taking MDMA was highest in women under 25 years (1.7%). Only 9% of those seeking EMT reported taking no other substance, with concurrent use of alcohol being reported by 60% and cannabis by 26%. Since alcohol also increases dehydration and the ability of the body to regulate its temperature, it can also impair the ability to judge the effects of MDMA. This can lead to increased dosing which can result in higher blood MDMA levels, leaving you feeling unwell.

People don't know what's in their pill or powder Thinking about their last occasion of use, 49% said they had no idea how much MDMA was in their pill or capsule. Only 7% had got their drug tested. Not knowing what's in your pill and how much MDMA it contains means safer dosing is left to blind faith or judgement. This can leave people exposed to avoidable risk. Getting pills and powders analysed can help people make informed decisions and reduce risk. Making drug checking services more available will assist people to achieve safer dosing.

Only 1 in 4 respondents take their whole session's dose at once, but most people take their 2nd dose too soon. While most risks related to MDMA and most harm reduction messages focus on the total dose of MDMA taken and not mixing MDMA with other substances, one of the major factors likely to contribute to the risk of harm is how people dose with MDMA over the course of a session. 24% of over 10,000 people who reported in detail on their last use of MDMA said they took their total dose all at once, 27% in two equal doses, 21% in 3-4 equal doses. Only 9% reported taking a small test dose followed by 2 or 3 equal doses (what we think is safest). Redosing too soon can lead to a spike in blood plasma levels that increases the risk of harm. The average time between the first and second dose was 103 minutes and their second and third dose 79 minutes. This is sooner than the 2 hours most people say is their preferred time between doses.

FACTORS IMPACTING ON MDMA REDOSING BEHAVIOUR

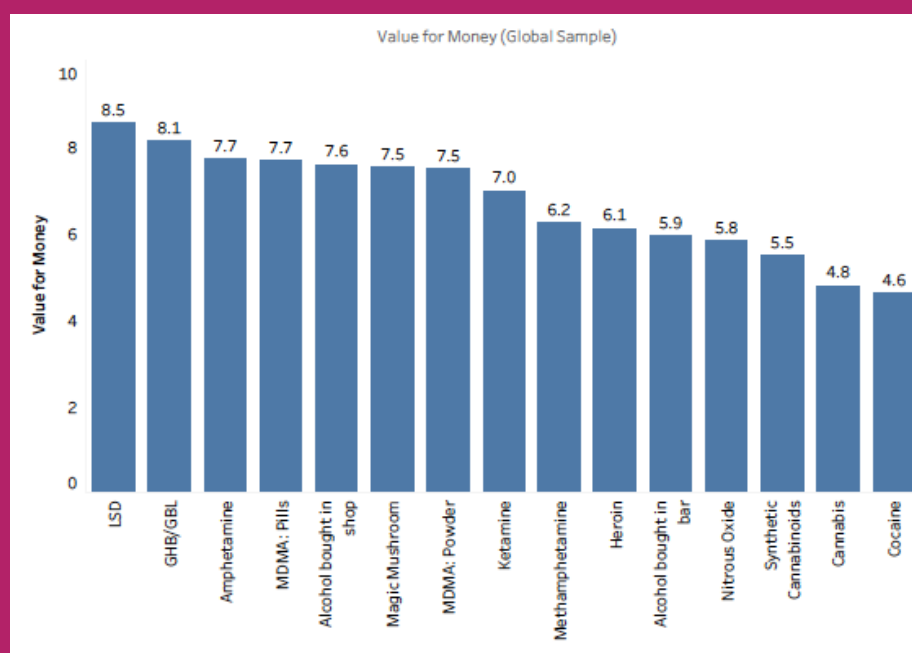


VALUE FOR MONEY:

LSD was rated as the best value for money drug in the world (again).

We asked people who had used different drugs within the last 12 months on a scale of 1-10, how they would rate that drug on value for money (10 being the highest). This graph is based on global respondents.

VALUE FOR MONEY (GLOBAL DATA)

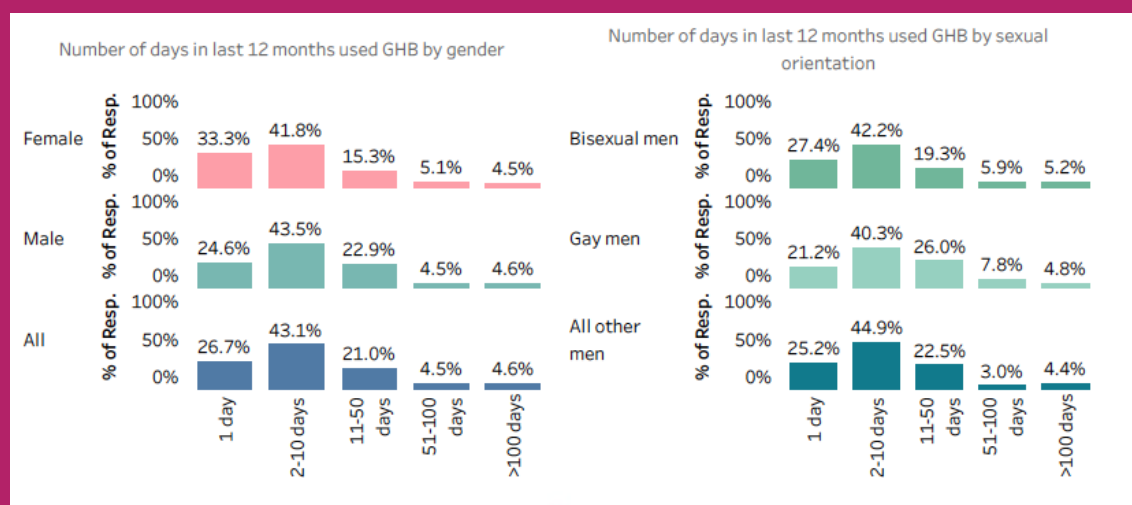


The trend and values show stability across all drug types (with LSD top for the third time running), except cannabis which has typically been rated at 7/10. This year we see a drop of over 30% to 4.8 in respondents' perception of cannabis's value for money. Aside from magic mushrooms, our data show that synthetic drugs that can be easily produced on a large scale are considered better value for money than plant-based drugs such as cocaine or cannabis. The fall from economic grace for cannabis is striking and may reflect both the production and marketing of higher potency products, the growth of a regulated market as well as the many regular consumers reflecting on their weekly expenditure. Value for money is an important metric, especially when we consider how a regulated market can exert control over pricing through taxation. As drugs, including alcohol become more expensive people use less often. Less use is associated with less harm.

GHB: 1 IN 5 RESPONDENTS WHO HAD USED GHB IN THE LAST 12 MONTHS REPORTED PASSING OUT

GHB is used more commonly by gay men. People reporting using GHB >50 days per year are more likely to be gay or bisexual. GHB is a risky drug no matter who you are and how often who use it. People who use GHB frequently may develop tolerance but are still at risk of overdose. This is not a theoretical risk. It's very real. **21% (n=282) of respondents who reported recent GHB/GBL use and who answered this question (n=1,367) reported passing out unconscious following the use of GHB in the last 12 months** (19% of male respondents vs. 24% of female respondents; 20% of gay/bi male respondents vs. 19% of straight male respondents). 60% of those who reported passing out said that they did so on more than one occasion in the past 12 months.

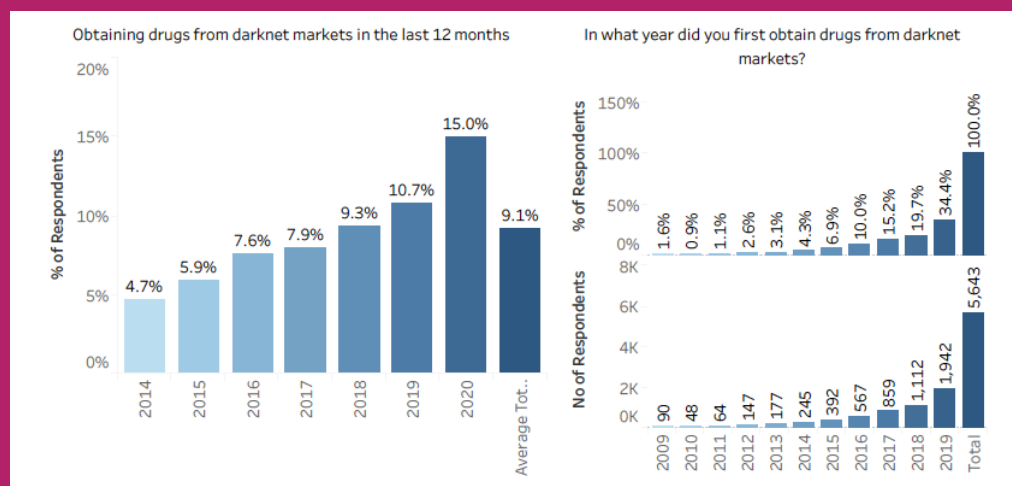
GHB: NUMBER OF DAYS USE IN LAST 12 MONTHS BY GENDER & SEXUAL ORIENTATION



DARKNET DRUGS RISING:

Year-on-year increase in respondents to GDS reporting accessing drugs through the darknet, across 7 years of GDS monitoring with a big uptake in the last 12 months of new users.

% RESPONDENTS REPORTING PURCHASE OF DRUGS FROM DARKNET MARKETS IN LAST 12 MONTHS



For the 9th year running GDS has explored the growth of the fastest growing drug market in the world - darknet drug markets, sometimes known as cryptomarkets. Accessed using Tor, these markets protect the seller's and purchaser's identities, with transactions completed using Bitcoin or other cryptocurrencies. Offering a wide product range, higher quality, convenience and less risk of interpersonal violence, year-on-year we have noted a rise in people using these markets. Trends on the impact of using darknet drug markets on people's drug use suggest stability over time. Of real note, our GDS2020 results show a continued rise in recruitment of new users, suggesting real growth in the consumer base using these sites, despite scams, market closures and well publicised police stings.

THE GDS PSYCHEDELICS REPORT LAUNCHES ON 7 FEBRUARY 2021.

GDS2021 IS LIVE (UNTIL MID FEBRUARY 2021) @ WWW.GLOBALDRUGSURVEY.COM

By sharing your experiences we gain a better understanding of how the global population who drink and take drugs have adapted to the global pandemic, and use this insight to provide guidance on how to best help those who need it.

Thank you for your continued support,
Professor Adam R Winstock on behalf of the GDS Core Research Team and International Academic Network



GLOBAL DRUG SURVEY

CAN'T FIND WHAT YOU ARE LOOKING FOR?

- Want more data on your own country or substance of interest?
- We have data on hundreds of thousands of people who use drugs from all over the world and a network of highly skilled researchers who are experts in their field. From in depth questions on patterns of use, harms, motivations and cost to source of purchase, policing, harm reduction strategies and much more.
- We have data on virtually every drug you can think of (almost). We are always interested in collaborating with academics and other groups especially those involved in public policy, health promotion and harm reduction. We are able to provide bespoke data based reports to help you craft optimal policy and harm reduction strategies in your country.
- Please contact me for further details at adam@globaldrugsurvey.com

Thank you,

Professor Adam R Winstock on behalf of the GDS Core Research Team and academic partner network

If you have any questions please contact adam@globaldrugsurvey.com